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**Testimony of Marc Anthony Gallucci, Esq.
Human Services Committee
Public Hearing : February 7, 2023**

**Raised and Proposed Bill 82
Raised Bill 947
Raised Bill 58
Raised Bill 946
Raised Bill 5765**

Honorable Members of the Human Services Committee:

I am testifying today in support of the following bills:

Raised and Proposed Bill # 82 : An Act Eliminating the Income and Asset Limits for the Med-Connect Health Insurance Program for Working person with Disabilities;

Raised Bill # 947 : An Act Increasing the Minimum Amount of resources a Community Spouse of an Institutionalized Medicaid Recipient May Retain;

Raised Bill # 58 : AAC Conservator Compensation By Medicaid Applicants and Recipients;

Raised Bill # 946 : AAC the Connecticut Home Care Program for the Elderly;

Raised Bill # 5765 : AAC Compensation of Family Care Givers in Medicaid Waiver Programs Administered by DDS.

#82: The Med-Connect Program, formerly know as Medicaid for the Employed Disabled, is now more than 22 years old. We now have a track record and data demonstrating how this program works to remove work disincentives and promotes the self-reliance and productivity of our disabled citizens who can work.

We also now have the experience of people who have been on the Program, whom due to the deterioration in their health, can no longer work. Cruelly, these folks have had to revert to regular Medicaid it its more restrictive income and asset limits. They have had to liquidate or dispense of the assets that they worked so long and hard to accumulate to try to ensure some financial security for themselves.

The asset limits need to be raised or eliminated both to reflect the effects of inflation for the last 22 years, but also to ensure that people can continue to have some resources to help provide for their maintenance on the community. For that matter, it is way past time to increase income and asset limits in regular Husky C as well since those limits were set in 1973 and and are irrelevant to the economic realities of today.

People who are involuntarily forced off of Med-Connect due to increasing disability or illness should be allowed to keep the assets that they have accumulated, and should be able to keep the pensions and higher Social Security that they have earned without fear that they will be kicked off of the Medicaid that meets their critical needs. What is the point of rewarding work if we will then punish them for working when they have to retire?

#947: We fully support the increase in the Community Spousal Resource Allowance. inflation and general shifts in our economy (particularly in the housing market) have made the current \$50,000 limit insufficient. In fact, we think the proposed \$60,000 limit does not go far enough, and we think it should be at a minimum \$75,000. We should not be forcing spouses to have to seek a divorce to protect their ability to sustain themselves in the community. Nor should we be driving frail and elderly community spouses to go into nursing homes themselves because they can't maintain themselves in the community.

58: We can't emphasize enough how important it is to make very clear in legislation that Conservator's fees are an allowable deduction from Applied Income that needs to be paid to nursing facilities. It is already the case that this is allowable. But many attorneys, Conservators, and advocates are constantly having to battle with nursing facility business offices and sometimes with DSS itself to educate them about this allowance. It is a waste of everyone's time, and it jeopardizes the care of our elderly and disabled citizens.

Another aspect that should be included in this Bill but is not, is there needs to be a clear intent that Fees for Long term Care Planning and attorney's fees to seek probate court approvals and the application of Trusts for the purpose of allowing people to leave nursing homes and transition back into the community (what we as a State are trying to do through our Money Follows the Person program) are also an allowable deduction from Applied Income.

Indeed, Connecticut's lowest in the country Medicaid Asset limits that have not been increased since 1973 impoverishes people and does not allow them to accumulate the resources to help get themselves out of nursing homes. As the Director of one of the partner organizations in MFP, I can personally tell you that I witness scores of people who are capable of living in the community and want to leave nursing homes, but they can't come up with the \$1,050 fee for a Plan of CT Pooled Trust, or the Attorney's fees. As a result, they are condemned to stay in the nursing home until they die. This is right. Make it clear that such fees are an allowable deduction from Applied Income, and while you are at it, RAISE CT's abysmal asset and income limits for Medicaid recipients so that they can save and afford security deposits and first month rent and attorney's fees and Trust fees and other things that they need to transition back to the community.

#946: AAC the CT Home Care Program for the Elderly:

We fully support both the effort to allow for the coverage of Social Work services as well as the allowance of compensation for family care givers.

Social Work services are very essential to making all the medical and home care services work to keep people healthy and in the community. I have personally witnessed situations where a missed social worker visit resulted in the break down of communication and the temporary loss of home care services. I have also witnessed

how Social Workers are able to fix the problem and restore the critical services, without which, the Medicaid home care recipient would end up in a hospital and then back into a long term care facility. Please make this common sense change.

Also, it is high time we got over our fear of possible fraud and allowed family members including spouses to be compensated for personal assistance. It is a well know fact experienced by many people that we have an extreme shortage of workers for home care and personal assistance. As a result too many times needed services are not provided as workers quit or call out for the day. This has resulted in families giving up on the home care option because it is too stressful and jeopardizes the health or the home care recipient. I have personally witnessed people who developed life threatening bed sores or who had them worsen because of home care that does not show up.

In order to have people stay home and not go into nursing homes, spouses often have to quit work and give up personal hobbies and social activities. Those who so the right thing for their spouse or loved ones should be able to be compensated. Too many people are languishing in nursing homes because of this issue.

#5765: AAC Compensation of Family Care Givers in Medicaid Waiver programs Administered by DDS.

For the same reasons articulated about compensating spousal and family care givers, above, we support this change. The best policy for the State is to have people at home in the community and not in institutions. Nothing will advance this objective more than allowing compensation of relatives for home care services. We have an extreme shortage of home care workers and it is causing health care chaos as people have to go to emergency rooms and back to nursing homes when home care workers do not show up or do not do their jobs competently.

Respectfully Submitted:

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